

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|-----------|--------|
| FEE DETERMINATION | MD | | 02-19 |
| O.I.P.E. CLASSIFIER | | 20 852 | 3/8/02 |
| FORMALITY REVIEW | 4/11 | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | 7/14/03 | |
| 2 | ✓ | 5/22/03 | |
| 3 | ✓ | 12/8/04 | |
| 4 | ✓ | | |
| 5 | ✓ | | |
| 6 | ✓ | | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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3/11